

CLAIMS ONLY							Application Number 10/699 791		Filing Date	
							Applicant(s)			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/		/				51			
2				/			52			
3				/			53			
4				/			54			
5			/				55			
6			/				56			
7			/				57			
8			/				58			
9			/				59			
10			/				60			
11			/				61			
12			/				62			
13			/				63			
14			/				64			
15			/				65			
16			/				66			
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18			/				68			
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42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep			130				Total Indep			
Total Depend			13				Total Depend			
Total Claims			125				Total Claims			